

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE
04 APR -2 AM 8**LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name National Rural Health Association			
2. Address <input type="checkbox"/> Check if different than previously reported 1307 Duke Street			
3. Principal Place of Business (if different from line 2) Alexandria VA 22314 City: State/zip (or Country)			
4. Contact Name Alan Morgan	Telephone (703) 519-7910	E-mail (optional) morgan@nrharural.org	5. Senate ID #
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 34931000

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) **OR** Year End (July 1-Dece
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇨ Termination Date _____

11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 **OR** Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <small>Income (nearest \$20,000)</small>	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>80,000.00</u> <small>Expenses (nearest \$20,000)</small>
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt <input type="checkbox"/> Method A. Reporting amounts using LDA definitio <input checked="" type="checkbox"/> Method B. Reporting amounts under section 60330 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Registrant Name National Rural Health Association Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which th engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

H.R. 2379
H.R. 918/S. 881
S. 1498


17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
Executive Office of the President
U.S. Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Alan Morgan	
Greg Lynskey	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 2/12/2004

Registrant Name National Rural Health Association Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which th engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co information as requested. Attach additional page(s) as needed.

15. General issue area code BUD (one per page)

16. Specific lobbying issues

H.R. 2660
S. 1356
H.R. 2673

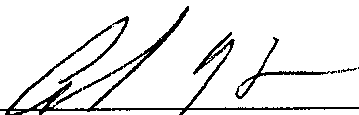
17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
Executive Office of the President
U.S. Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Alan Morgan	
Greg Lynskey	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 2/12/2004

Printed Name and Title Alan Morgan, VP, Government Affairs and Policy

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Registrant Name National Rural Health Association Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which th engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

H.R. 1/S. 1
H.R. 937/S. 942
H.R. 33/S. 881
S. 379
S. 493
H.R. 1675/S. 816
H.R. 2333/S. 1185
S. 172


17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
Executive Office of the President
U.S. Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Alan Morgan	
Greg Lynskey	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 2/12/2004

Registrant Name National Rural Health Association Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City _____ State/Zip (or Country) _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or cot

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, affiliated organization

Signature _____

Date _____

2/12/2004

Printed Name and Title Alan Morgan, VP, Government Affairs and Policy

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